



TWO AETNA PLAN OFFERINGS FOR DC GOVERNMENT IN 2008

HOW TO FIND PROVIDERS ON AETNA'S WEBSITE FOR BOTH PLANS

AETNA QUALITY OPEN ACCESS PLAN

- A hybrid style plan!
- The benefits of a PPO plan with the scope of Aetna's Choice POS network of providers!
- NO PCP Selection required, NO Referrals Needed, BOTH in and out of network benefits!

How to find your doctor under the Aetna Quality Open Access Plan:

1. Got to www.aetna.com
2. Click on Link: "Find A Doctor" on the Right Hand side of the screen under "Shortcuts"
3. Under "General Search" click the circle that says "zip", and fill in your zip code
4. Under "Distance", choose a distance in which you are willing to travel to see a doctor
5. Under "Provider Category" choose "Medical Providers"
6. Under "Provider Type" choose "Primary Care Physicians" or other type, as desired
7. Under "Plan" choose "Aetna Choice POS (Open Access)" under "Aetna Open Access Plans"

OPEN ACCESS HMO PLAN

- Aetna's popular traditional HMO benefit!
- New for 2008: No PCP selection required and no referrals to see In-Network Providers!

How to find your doctor under the Aetna Open Access HMO Plan:

1. Got to www.aetna.com
2. Click on Link: "Find A Doctor" on the Right Hand side of the screen under "Shortcuts"
3. Under "General Search" click the circle that says "zip", and fill in your zip code
4. Under "Distance", choose a distance in which you are willing to travel to see a doctor
5. Under "Provider Category" choose "Medical Providers"
6. Under "Provider Type" choose "Primary Care Physicians" or other type, as desired
7. Under "Plan" choose "HMO (Open Access)" under "Aetna Open Access Plans"

Benefit	HMO
Annual Deductible	None
Coinsurance	None
Out-of-Pocket Maximum (for deductible & coinsurance)	N/A
Lifetime Max	N/A
Primary Physician Selection	<i>No longer required</i>
Referrals necessary to see Specialist?	<i>No longer required</i>
Adult Physicals / Immunizations	\$10 Copay
Well Child Visits / Immunizations	\$10 copay
Annual GYN exam, Mammograms, PAP Smear	\$10 for exam; Mammograms would be covered at 100%
Routine Eye Exam	\$20 Copy
Corrective Eyewear	Discount Plan
Primary Care Doctor Visits (1)	\$10 copay
Specialist Office Visits (2)	\$20 copay
Maternity OB Visits	\$10 copay
Allergy Treatment	\$20 copay
Allergy Testing	\$20 copay
Diagnostic Laboratory	\$0 as part of a Doctor visit
Diagnostic X-ray	\$20 copay
Urgent Care	\$25
Emergency Room	\$50, waived if admitted
Ambulance	\$0 copay
Inpatient Coverage	\$150 per admission
Inpatient Maternity Coverage	\$0 per admission
Outpatient Surgery at Hospital	\$50
Bariatric Surgery	Covered under limited circumstances
Inpatient Mental Illness	\$150 per admission
Outpatient Mental Illness	\$25 copay for visits 1-40; \$40 copay for visits 41+.
Inpatient Detoxification or Rehab	\$150 per admission
Outpatient Detox or Rehab	\$20 copay per visit (for outpatient rehab, up to 30 visits per year)
Skilled Nursing Facility	None (up to 60 days / year)
Home Health Care	\$20 copay.
Hospice Care - Inpatient	\$150 per admission
Hospice Care - Outpatient	\$20 copay
Private Duty Nursing	100%
Outpatient Rehabilitation Therapy (Speech, Physical, Occupational)	\$20 copay
Subluxation / Chiropractic	\$20 copay (up to 20 visits / year)
Durable Medical Equipment	20%
Vasectomy / Tubal Ligation	\$20 copay
Pharmacy	
Retail (up to 30 days) –Generic	\$10 copay
Retail (up to 30 days) –Formulary Brand Name	\$20 copay
Retail (up to 30 days) – Non-Formulary Brand Name	\$40 copay
Mail (31-90 days) – Generic	\$20 copay
Mail (31-90 days) – Formulary Brand Name	\$40 copay
Mail (31-90 days) – Non-Formulary Brand Name	\$80 copay
Dental Benefits	
Value Added Dental	Vital Savings*

Footnote (1) and (2) - Second Surgical Opinions covered as any other office visit according to PCP or Specialist cost-sharing

For Mental Health and Substance Abuse benefits, Aetna is able to coordinate with the Districts current EAP Vendor.

* Vital Savings by Aetna® is a program that provides access to Aetna's negotiated discounts for dental services. Participants simply present their Vital Savings ID card when they visit a participating dental office and pay the discounted fee directly to the dentist at the time service. There is no need for members to submit claims with this program.

Dependent Age Limit: 22 for non-student, 25 for student (unless greater limits are mandated by state law)

Benefit summary with highlights only. For full set of benefits, limitations and exclusions refer to full Summary Plan Description.